

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

ADDRESS (number and street) 430 SOUTH CAPITOL STREET SE

Check if different than previously reported. (ACC) WASHINGTON DC 20003

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00460147

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:
 - April 15 Quarterly Report (Q1)
 - July 15 Quarterly Report (Q2)
 - October 15 Quarterly Report (Q3)
 - January 31 Year-End Report (YE)
 - July 31 Mid-Year Report (Non-election Year Only) (MY)
 - Termination Report (TER)

- (b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input checked="" type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

 Election on [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

 Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [10] / [01] / [2015] through [10] / [31] / [2015]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ANDREW TOBIAS

Signature of Treasurer ANDREW TOBIAS [Electronically Filed] Date 11 / 19 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="113689.10"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="863320.23"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="166260.69"/>	<input type="text" value="571760.38"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1029580.92"/>	<input type="text" value="1708449.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="43992.44"/>	<input type="text" value="722861.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="985588.48"/>	<input type="text" value="985588.48"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: 10 / 01 / 2015 To: 10 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	166260.69	571760.38
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	166260.69	571760.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	166260.69	571760.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	43992.44	722861.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	43992.44	722861.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	43992.44	722861.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43992.44	722861.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	43992.44	722861.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	166260.69	571760.38
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	-122268.25	151100.62

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Democratic Senatorial Campaign Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Maryland Avenue, NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C** C00042366
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 104203.18

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : SA15-9603
 Amount of Each Receipt this Period
 12717.07

B. Democratic Hope Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 South Capitol Street, SE
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C** C00586842
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 108775.25

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 13 / 2015
Transaction ID : SA15-9472
 Amount of Each Receipt this Period
 108775.25

C. Murray Victory Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 3518 Fremont Ave N Suite 545
 City Seattle State WA Zip Code 98103
 FEC ID number of contributing federal political committee. **C** C00565127
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 19687.17

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA15-9604
 Amount of Each Receipt this Period
 19687.17

SUBTOTAL of Receipts This Page (optional).....▶	141179.49
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Kilmer Victory Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1381
 City Tacoma State WA Zip Code 98402
 FEC ID number of contributing federal political committee. **C** C00587501
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4398.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : SA15-9606
 Amount of Each Receipt this Period
 4398.36

B. Delbene Victory Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 487
 City Bothell State WA Zip Code 98041
 FEC ID number of contributing federal political committee. **C** C00587519
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4398.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : SA15-9605
 Amount of Each Receipt this Period
 4398.36

C. Democratic Senatorial Campaign Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Maryland Avenue, NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C** C00042366
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 104203.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : SA15-9607
 Amount of Each Receipt this Period
 16284.48

SUBTOTAL of Receipts This Page (optional).....	25081.20
TOTAL This Period (last page this line number only).....	166260.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Matthew L. Baca

Mailing Address 8240 W. 119th Street

City Palos Park State IL Zip Code 60464

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SB21B-9473

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Richard J. Dziejak Jr.

Mailing Address 604 S Washington Square, Apt 1416

City Philadelphia State PA Zip Code 19106

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SB21B-9474

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

C. Morgan A. Finkelstein

Mailing Address 1012 N Street, NW, #3C

City Washington State DC Zip Code 20001

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SB21B-9475

Amount of Each Disbursement this Period

375.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Morgan A. Finkelstein

Mailing Address 1012 N Street, NW, #3C

City Washington State DC Zip Code 20001

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B-9476

Amount of Each Disbursement this Period

8.76

Full Name (Last, First, Middle Initial)

B. Stephanie M. Fuqua

Mailing Address 207 East First Street

City Sandpoint State ID Zip Code 83864

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B-9477

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Stephanie M. Fuqua

Mailing Address 207 East First Street

City Sandpoint State ID Zip Code 83864

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B-9478

Amount of Each Disbursement this Period

875.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

933.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Stephanie M. Fuqua

Mailing Address 207 East First Street

City Sandpoint State ID Zip Code 83864

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Transaction ID : SB21B-9479

Amount of Each Disbursement this Period

75.46

Full Name (Last, First, Middle Initial)

B. Stephanie M. Fuqua

Mailing Address 207 East First Street

City Sandpoint State ID Zip Code 83864

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Transaction ID : SB21B-9480

Amount of Each Disbursement this Period

15.87

Full Name (Last, First, Middle Initial)

C. Jaclyn Gelfond

Mailing Address 1323 Sprucewood Lane

City Deerfield State IL Zip Code 60015

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Transaction ID : SB21B-9481

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

116.33

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Jaclyn Gelfond

Mailing Address 1323 Sprucewood Lane

City State Zip Code
Deerfield IL 60015

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SB21B-9482

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Jaclyn Gelfond

Mailing Address 1323 Sprucewood Lane

City State Zip Code
Deerfield IL 60015

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SB21B-9483

Amount of Each Disbursement this Period

27.49

Full Name (Last, First, Middle Initial)

C. Martha Lein

Mailing Address 4914 N Francisco Avenue

City State Zip Code
Chicago IL 60625

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SB21B-9484

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

827.49

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Martha Lein

Mailing Address 4914 N Francisco Avenue

City Chicago State IL Zip Code 60625

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B-9485

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

B. Martha Lein

Mailing Address 4914 N Francisco Avenue

City Chicago State IL Zip Code 60625

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B-9486

Amount of Each Disbursement this Period

33.73

Full Name (Last, First, Middle Initial)

C. DEPARTMENT OF TREASURY

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement
Web Cost

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B-9487

Amount of Each Disbursement this Period

272.96

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1181.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. DEPARTMENT OF TREASURY

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B-9488

Amount of Each Disbursement this Period

2352.46

Full Name (Last, First, Middle Initial)

B. DEPARTMENT OF TREASURY

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B-9489

Amount of Each Disbursement this Period

788.14

Full Name (Last, First, Middle Initial)

C. DEPARTMENT OF TREASURY

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B-9490

Amount of Each Disbursement this Period

1026.20

SUBTOTAL of Disbursements This Page (optional)..... ▶

4166.80

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. DEPARTMENT OF TREASURY

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement
Web Cost

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **SB21B-9491**

Amount of Each Disbursement this Period

2550.86

Full Name (Last, First, Middle Initial)

B. DEPARTMENT OF TREASURY

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **SB21B-9492**

Amount of Each Disbursement this Period

557.73

Full Name (Last, First, Middle Initial)

C. DEPARTMENT OF TREASURY

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement
Web Cost

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **SB21B-9493**

Amount of Each Disbursement this Period

1283.48

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4392.07

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Transaction ID : SB21B-9494

Amount of Each Disbursement this Period

34.43

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Transaction ID : SB21B-9495

Amount of Each Disbursement this Period

95.55

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Transaction ID : SB21B-9496

Amount of Each Disbursement this Period

27.80

SUBTOTAL of Disbursements This Page (optional)..... ▶

157.78

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Category/
Type

Transaction ID : SB21B-9497

Amount of Each Disbursement this Period

5.15

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Category/
Type

Transaction ID : SB21B-9498

Amount of Each Disbursement this Period

1.50

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Category/
Type

Transaction ID : SB21B-9499

Amount of Each Disbursement this Period

15.66

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

22.31

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B-9500

Amount of Each Disbursement this Period

4.55

Category/
Type

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
Travel Agent fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : SB21B-9599

Amount of Each Disbursement this Period

120.00

Category/
Type

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

C. American Express Busin Travel

Mailing Address 1901 N Moore St, 10th Floor

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Travel Agent fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : SB21B-9599-10000

Amount of Each Disbursement this Period

120.00

Category/
Type

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

124.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	1	5		

Transaction ID : SB21B-9600

Amount of Each Disbursement this Period

1	2	1	3	2	.	3	0
---	---	---	---	---	---	---	---

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

B. Alaska Airlines

Mailing Address P.O. Box 24948

City Seattle State WA Zip Code 98124-0948

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	1	5		

Transaction ID : SB21B-9600-10000

Amount of Each Disbursement this Period

9	0	7	.	2	0
---	---	---	---	---	---

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. Delta Air Lines, Inc.

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	1	5		

Transaction ID : SB21B-9600-20000

Amount of Each Disbursement this Period

2	2	6	.	5	4	0
---	---	---	---	---	---	---

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1	2	1	3	2	.	3	0
---	---	---	---	---	---	---	---

1	2	1	3	2	.	3	0
---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 77 W. Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : SB21B-9600-30000

Amount of Each Disbursement this Period

8959.70

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : SB21B-9601

Amount of Each Disbursement this Period

7707.51

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

C. JW Marriott Miami

Mailing Address 1109 Brickell Avenue

City Miami State FL Zip Code 33131

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : SB21B-9601-10000

Amount of Each Disbursement this Period

1363.76

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

7707.51

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. The New York Palace

Mailing Address 455 Madison Avenue

City New York State NY Zip Code 10022

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SB21B-9601-20000

Amount of Each Disbursement this Period

1836.00

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

B. Sheraton Denver Hotel

Mailing Address 1550 Court Place

City Denver State CO Zip Code 80202

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SB21B-9601-30000

Amount of Each Disbursement this Period

2504.80

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. The Westin Lake Las Vegas

Mailing Address 101 MonteLago Blvd

City Henderson State NV Zip Code 89011

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SB21B-9601-40000

Amount of Each Disbursement this Period

2002.95

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			21			2015					

Transaction ID : SB21B-9602

Amount of Each Disbursement this Period

3802.43

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

B. Enterprise Rent-A-Car

Mailing Address PO Box 402383

City Atlanta State GA Zip Code 30384

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			21			2015					

Transaction ID : SB21B-9602-10000

Amount of Each Disbursement this Period

380.92

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. Enterprise Rent A Car

Mailing Address PO Box 840181

City Kansas City State MO Zip Code 68184

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			21			2015					

Transaction ID : SB21B-9602-20000

Amount of Each Disbursement this Period

2483.46

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

3802.43

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Hertz Car Rental

Mailing Address Los Angeles Intl Airport
9000 Airport Boulevard

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

Transaction ID : SB21B-9602-30000

Amount of Each Disbursement this Period

127.73

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

B. Hertz Car Rental

Mailing Address 780 McDonnell Road

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

Transaction ID : SB21B-9602-40000

Amount of Each Disbursement this Period

810.32

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. Jaime Moore

Mailing Address 330 Acoma Street, Apt 612

City Denver State CO Zip Code 80223

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SB21B-9502

Amount of Each Disbursement this Period

-344.40

Voided Check

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

-344.40

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Valentine Sanders

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Transaction ID : SB21B-9503

Amount of Each Disbursement this Period

-9.08

Voided Check

Full Name (Last, First, Middle Initial)

B. Kiera M. Flynn

Mailing Address 151 Old Palisade Road, Unit B

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Transaction ID : SB21B-9501

Amount of Each Disbursement this Period

-875.00

Voided Check

Full Name (Last, First, Middle Initial)

C. Kiera M. Flynn

Mailing Address 151 Old Palisade Road, Unit B

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Transaction ID : SB21B-9613

Amount of Each Disbursement this Period

875.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

-9.08

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. David Z. Cohen

Mailing Address 207 W. 10th Street, Apt 3B

City State Zip Code
New York NY 10014

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B-9504

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

B. David Z. Cohen

Mailing Address 207 W. 10th Street, Apt 3B

City State Zip Code
New York NY 10014

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B-9505

Amount of Each Disbursement this Period

50.50

Full Name (Last, First, Middle Initial)

C. Michael S. Epstein

Mailing Address 151 Old Palisade Road, Unit B

City State Zip Code
Fort Lee NJ 07024

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B-9506

Amount of Each Disbursement this Period

875.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1800.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Michael S. Epstein

Mailing Address 151 Old Palisade Road, Unit B

City State Zip Code
Fort Lee NJ 07024

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Transaction ID : SB21B-9507

Amount of Each Disbursement this Period

43.00

Full Name (Last, First, Middle Initial)

B. Kiera M. Flynn

Mailing Address 151 Old Palisade Road, Unit B

City State Zip Code
Fort Lee NJ 07024

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Transaction ID : SB21B-9508

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

C. Kiera M. Flynn

Mailing Address 151 Old Palisade Road, Unit B

City State Zip Code
Fort Lee NJ 07024

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Transaction ID : SB21B-9509

Amount of Each Disbursement this Period

375.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1293.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Kiera M. Flynn

Mailing Address 151 Old Palisade Road, Unit B

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B-9510

Amount of Each Disbursement this Period

442.98

Full Name (Last, First, Middle Initial)

B. Jaime Moore

Mailing Address 330 Acoma Street, Apt 612

City Denver State CO Zip Code 80223

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B-9511

Amount of Each Disbursement this Period

344.40

Full Name (Last, First, Middle Initial)

C. Jon P. Morgan

Mailing Address 350 West 43rd Street
Apt 36D

City New York State NY Zip Code 10036

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B-9512

Amount of Each Disbursement this Period

875.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1662.38

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Valentine Sanders

Mailing Address 104 East 81st St., Apt. 1H

City State Zip Code
New York NY 10028

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SB21B-9513

Amount of Each Disbursement this Period

9.08

Full Name (Last, First, Middle Initial)

B. Benjamin Solomon

Mailing Address 45 Park Lane South, Apt 407

City State Zip Code
Jersey City NJ 07310

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SB21B-9514

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

C. Benjamin Solomon

Mailing Address 45 Park Lane South, Apt 407

City State Zip Code
Jersey City NJ 07310

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SB21B-9515

Amount of Each Disbursement this Period

235.45

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1119.53

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Benjamin Solomon

Mailing Address 45 Park Lane South, Apt 407

City Jersey City State NJ Zip Code 07310

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B-9516

Amount of Each Disbursement this Period

30.49

Full Name (Last, First, Middle Initial)

B. Ava Woychuk-Mlinac

Mailing Address 33 W. 63rd Street, Apt 4A

City New York State NY Zip Code 10023

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B-9517

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

905.49

43992.44